

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/830977

FILING DATE

APPLICANT(S)

8/16/14

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		/		1		
3		/		1		
4		/		1		
5		/		1		
6		/		1		
7		/		1		
8		/		1		
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TOTAL IND.	11	↓	6	↓		↓
TOTAL DEP.	18	↓	9	↓		↓
TOTAL CLAIMS	29		15			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS